SEC Mail Processing

UNITED STATES Section SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

JANI 1 U ZEUR

FORM D

Washington, DC 104

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response . . . 16.00

SEC US	SE ONLY
Prefix	Serial
DATE R	ECEIVED
	1

Name of Offering (check if this is an amendment and name has SCI Texarkana Fund, LLC Membership Interests representing li	s changed, and indica imited liability compa	te change.) any interests		
Filing Under (Check box(es) that apply): ☐ Rule 504	□ Rule 505 🖸	XI Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing:				
A. BASIC IDE	NTIFICATION DAT	ГА	A PROVINCE AND A COURT DESIGNATION OF THE FLOW	
1. Enter the information requested about the issuer				
Name of Issuer (check if this is an amendment and name has a SCI Texarkana Fund, LLC	hanged, and indicate of	change.)	08020	
Address of Executive Offices (Number and Street, City, State, Zip Co 11620 Wilshire Boulevard, Suite 300, Los Angeles, CA 90025	Number (Including	Area Code)		
Address of Principal Business Operations (Number and Street, Ci different from Executive Offices)	Number (Including	Area Code)		
Brief Description of Business real estate investments		· ·		
Type of Business Organization Corporation	y formed E	other (please sp	pecify): limited 1111	OCESSED
Month Actual or Estimated Date of Incorporation or Organization: 07		ctual Estima	, p J/	AN 2 2 2008
Actual of Editional Part of Inter-partners of 6-8-			<u></u> 1	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. CN for Canada; FN fo	or other foreign jurisdie	ction)		HOMSON INANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IDENTI	FICATION DATA		
issuer; • Each executive off	ficer and director o	wing: uer has been organized within wer to vote or dispose, or direc f corporate issuers and of corpo f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual) SCI	Real Estate Investments, LL	c		
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Code)	11620 Wilshire Bouleva	rd, Suite 300, Los A	ngeles, CA 90025
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner/Manager of LLC
Full Name (Last name first,	if individual) SCI	Fund Manager I, LLC			
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code)	11620 Wilshire Boulevar	d, Suite 300, Los A	ngeles, CA 90025
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer (of Manager)	Director	General and/or Managing Partner
Full Name (Last name first,	if individual) Rob	otti, Robert			
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code)	11620 Wilshire Boulevan	d, Suite 300, Los A	ngeles, CA 90025
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer (of Manager)	Director	General and/or Managing Partner
Full Name (Last name first,	if individual) Paul	, Marc			
Business or Residence Addr	ress (Number and	Street, City, State, Zip Code)	11620 Wilshire Boulevan	d, Suite 300, Los A	ngeles, CA 90025
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer (of Manager)	Director	General and/or Managing Partner
Full Name (Last name first,	if individual) Kres	ek, Nancy		<u></u>	
Business or Residence Addr	ress (Number and	Street, City, State, Zip Code)	11620 Wilshire Boulevan	d, Suite 300, Los A	ngeles, CA 90025
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer (of Manager)	Director	General and/or Managing Partner
Full Name (Last name first,	if individual) Br oo	oks, Anne			
Business or Residence Addr	ress (Number and	Street, City, State, Zip Code)	11620 Wilshire Boulevan	rd, Suite 300, Los A	ngeles, CA 90025

☐ Beneficial Owner

Executive Officer (of Manager)

General and/or Managing Partner

Director

11620 Wilshire Boulevard, Suite 300, Los Angeles, CA 90025

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Full Name (Last name first, if individual) Kennedy, Karen

Check Box(es) that Apply:

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer (of Manager)	Director	General and/or Managing Partner		
Full Name (Last name first,	if individual) Lom	eli, Alicia					
Business or Residence Address (Number and Street, City, State, Zip Code) 11620 Wilshire Boulevard, Suite 300, Los Angeles, CA 90025							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first,	if individual) Rose	Fox Noll Trust July 11, 199	0				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code)	2149 Laguna Street, San F	rancisco, CA 94115			

				B. IN	FORMAT	ION ABO	UT OFFEI	RING		-		
											Yes N	o
1. Has the issue	er sold, or d	oes the issu	er intend to	sell, to non	-accredited	investors in	n this offerin	ng?			. 🗆 🗷)
2. What is the n * Subje	ninimum in ect to Issuer'	vestment th	at will be a	ccepted from	in Append m any indiv nent require	idual?			E.		\$25,000	*
3. Does the offe	ering permi	t joint owne	rship of a s	ingle unit?							Yes N	-
Enter the infi solicitation of dealer register persons of su	of purchaser ered with th	rs in connect e SEC and/	ction with s for with a st	ales of secu ate or state	urities in th s, list the na	e offering. ame of the l	lf a persor proker or de	n to be liste aler. If mo	ectly, any cod is an assore than fiv	ommission ociated per e (5) persor	or similar rson or age as to be list	remuneration for nt of a broker or ed are associated
Full Name (Last	t name first,	, if individu	al)			-						
Business or Res	idence Add	ress (Numi	ber and Stre	et, City, St	ate, Zip Cod	le)						
Name of Associ	iated Broke	r or Dealer										
States in Which	Person Lis	ted Has Sol	icited or Int	ends to Sol	icit Purchas	ers		· <u>·</u> ·····		<u> </u>		,
(Checl	k "All State	s" or check	individual	States)					• • • • • • • • • •		🗷 All S	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name (Last	t name first	, if individu	al)							-		· -
Business or Res	idence Add	ress (Numl	ber and Stre	et, City, St	ate, Zip Coo	le)						
Name of Associ	ated Broke	r or Dealer			<u> </u>							
States in Which												
(Checl	k "All State	s" or check	individual	States)			• • • • • • • • • • • • • • • • • • • •				🗆 All	States
[AL] (IL] (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name (Las	t name first	, if individu	al)									
Business or Res	idence Add	ress (Numl	ber and Stre	et, City, St	ate, Zip Coo	le)	<u></u>					
Name of Associ	ated Broke	r or Dealer					<u> </u>			·		
States in Which	Person Lis	ted Has Sol	icited or Int	ends to Sol	icit Purchas	ers				<u>-</u>	_	
(Checl	k "Ałł State	s" or check	individual	States)							🗖 All	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [1A] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggre Offerin	egate g Price	Amo	ount Already Sold
	Debt	\$	0	S	0
	Equity	s			0
	□ Common □ Preferred				<u> </u>
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$	0	s	0
	Other (Specify: Membership Interests representing limited liability company interests)	\$ <u>6,</u> 1	143,390		\$ <u>511,434</u>
	Total	\$ <u>6.1</u>	143,390		\$ <u>511,434</u>
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Nun Inve		Dol	ggregate lar Amount Purchases
	Accredited Investors		2		\$ <u>511,434</u>
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)			S	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C • Question 1.				
	Type of offering	Typ Secu	e of ırity	Dol	lar Amount Sold
	Rule 505		-	s	
	Regulation A				
	Rule 504				
	Total	-		\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			<u> </u>	
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	5,000
	Legal Fees			\$	15,000
	Accounting Fees			\$	10,000
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify) (miscellaneous filing and offering expenses)			\$	30,000
	Total		🗷	s	60,000

	C. Of PERMIO PRICE, NORIBER OF INVESTORS, EMERICES INVE	002 01	I IIO OLLE	~		
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	1.330 - 2.330			\$ <u>6,083,390</u>	
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.					
		Óf Dire	nents to ficers, ctors, & filiates	Pay	ments To Others	
	Salaries and fees	□ \$	0	□ \$_	0	
	Purchase of real estate		829,500		4,458,000	
	Purchase, rental or leasing and installation of machinery and equipment	□ \$	0	□ \$_	0	
	Construction or leasing of plant buildings and facilities		0	□ \$_	0	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a		0	□ €	0	
	merger)		0		0	
	Repayment of indebtedness Working capital (* Reserves)		0			
	working capital (* Reserves)	□ ⊅ <u></u> -	<u> </u>		210,500	
	Other (specify): Closing costs and other third-party fees and expenses related to real estate acquisition					
		пς	115,500	□\$	461,890	
	Column Totals		945,000		5,138,390	
	Total Payments Listed (column totals added)	Δ. Ψ <u></u>	□ \$ <u>6,0</u>		<u> </u>	
	Total Tayments Disted (column totals added)		_ + <u>,-</u>	<u> </u>		
	D. FEDERAL SIGNATURE					
ons	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this no stitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, ished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	tice is file	ritten reques	of its	staff, the infor	gnatui rmatio
	suer (Print or Type) Signature		Date	e Janua	гу 7, 2008	
	CI Texarkana Fund, LLC					
Ву	7: SCI Fund Manager I, LLC, its Manager					
Na	ame of Signer (Print or Type) Alicia Lomeli Title of Signer (Print or Type) Secretary					
_						
	ATTENTION_					



Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)